STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11968920	R **04/25/2018**
NAME OF PROVIDER OR SUPPLIER **LODGE AT LUTHERAN HAVEN (THE)**	STREET ADDRESS, CITY, STATE, ZIP CODE **2035 W RD 426** **OVIEDO, FL 32765**	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 - Initial Comments

A revisit to the re-licensure survey with Extended Congregate Care was conducted on 04/25/2018. The Lodge at Lutheran Haven, License# 12811, did not have deficiencies at the time of the visit.